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Bib Data Sheet

CONFIRMATION NO. 1440

SERIAL NUMBER 10/734,943	FILING DATE 12/12/2003 RULE	CLASS 341	GROUP ART UNIT 2819	ATTORNEY DOCKET NO. HSJ920030201US1
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APPLICANTS

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** CONTINUING DATA ***** No, r

** FOREIGN APPLICATIONS ***** No, r

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/23/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 20	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 54
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS <i>[Initials]</i>	TOTAL CLAIMS 18	

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TITLE

Skew-tolerant gray codes

FILING FEE RECEIVED 960	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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